FCC For	rm 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control N July 2013	io. 3060-0985/OMB Control No. 3060-0819
<010>	Study Area Code	349030		
<015>	Study Area Name	Telrite Corporat	tion	
<020>	Program Year	2016		
<030>	Contact Name: Person USAC should contact with questions about this data	Mark Lammert		
<035>	Contact Telephone Number: Number of the person identified in data line <030	4072601011 ext.		
<039>		regulatory@csilo	ongwood.com	
				54.313 54.422
ANNUA	AL REPORTING FOR ALL CARRIERS			Completion Completion Required Required (check box when complete)
<100>	Service Quality Improvement Reporting		(complete attached worksheet)	MANUAL PROPERTY OF THE PARTY OF
<200>	Outage Reporting (voice)		(complete attached worksheet)	1
<210>		no outages to report		47777
<300>	Unfulfilled Service Requests (voice)			200000
«210»	Detail on Attempts (unics)			111111
<310>	Detail on Attempts (voice)		(attach desc	riptive document)
			5.0000000000000000000000000000000000000	
<320>	Unfulfilled Service Requests (broadband)			
<330>	Detail on Attempts (broadband)		¥ 5000049403403	
			(attach des	criptive document)
<400>	Number of Complaints per 1,000 customers (voice	e)		
<410>	Fixed 0.0			
<420>	Mobile 0.1462487			
<430>	Number of Complaints per 1,000 customers (broat Fixed	dband)		11111
<450>	Mobile			
<500>	Service Quality Standards & Consumer Protection Telrite FCC Form 481 Section 500 Service O		(check to indicate certification)	<b>✓</b>
540	101110_100 10111 101_30001011 300_3011100 0	Juricy Scandards.po		
<510>			(attached descriptive document)	
500			NAME OF A CONTROL OF THE OWN OF T	
<600>	Functionality in Emergency Situations  Telrite_PCC Form 481_Section 600_Emergency	Punctionality.pdf	(check to indicate certification)	
			(attached descriptive document)	<b>1</b>
<610>			fortunes services socialismy	
<700>	Company Price Offerings (voice)		(complete attached worksheet)	111111
<710>	Company Price Offerings (Voice)		(complete attached worksheet)	111111
<800>	Operating Companies and Affiliates		(complete attached worksheet)	
	Tribal Land Offerings (Y/N)?		(if yes, complete attached worksheet)	111111
<1000>	Voice Services Rate Comparability Certification			
<1010>			{attach descriptive document}	MIN
<1100>	· Certify whether terrestrial backhaul options exist	(Yes or No)	(if not, check to indicate certification)	
				THINK
<1110>	Terms and Condition for Lifeline Customers		(complete attached worksheet) (complete attached worksheet)	THEFT YOU
	Price Cap Carriers, Proceed to Price Cap Addition	al Documentation We	And the second second second	
	Including Rate-of-Return Carriers affiliated with			
<2000>	and the state of the same of t	The second second	(check to indicate certification)	111111
<2005>		W2 00000000000	(complete attached worksheet)	111111
<3000>	Rate of Return Carriers, Proceed to ROR Addition	ai Documentation W	(check to indicate certification)	41111
<3005>			(complete attached worksheet)	

	ervice Quality Improvement Reporting Illection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	349030	
<015>	Study Area Name	Telrite Corporation	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4072601011 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@csilongwood.com	
<110>	Has your company received its ETC certification from the FCC?	(yes/no) O O	
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes/no) O O	
<112>	report, on line <11.2> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.  Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	ompany is a	
	Please select the appropriate responses below (Yes, No, Not Applicable) to confir that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to \$54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	-year	Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets		
<114>	Report how much universal service (USF) support was received		
<115>	How much (USF) was used to improve service quality and how support was used to improve	ve service quality	
116>	How much (USF) was used to improve service coverage and how support was used to impr	Discourage and the second	
<117>	How much (USF) was used to improve service capacity and how support was used to improve		
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	120,071 NEFF TO BOTTON	

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	349030
<015>	Study Area Name	Teirite Corporation
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lannert
<035>	Contact Telephone Number - Number of person identified in data line <030>	4072601011 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@csilongwood.com

<a>&gt;</a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<	<h></h>
	Outage Start Date	Outage Start Time		Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventativ Procedures
								1			
CHILDRE											
_					-			+			
10 (2											
								- IV			
				4							
		NORS Reference Outage Start	NORS Reference Outage Start Outage Start	NORS Reference Outage Start Outage Start Outage End	NORS Reference Outage Start Outage Start Outage End Outage End	NORS Reference Outage Start Outage Start Outage End Outage End Number of	NORS Reference Outage Start Outage Start Outage End Outage End Number of Number Date Time Date Time Customers Affected Total Number of	NORS Reference Outage Start Outage Start Outage End Outage End Number of Outage End Outa	NORS Reference Outage Start Outage Start Outage End Outage End Outage End Number of Outage Start Outage Start Outage End	NORS Reference Outage Start Outage Start Outage End Outage End Outage End Number of Number Of Date Time Outage End Outage	NORS Reference Outage Start Outage Start Outage End Outage End Outage End Number of Outage Start Outage End Ou

P-0.5002519224	ce Offerings including Voice Rate Data lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	149030	
<015>	Study Area Name	Telrite Corporation	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Mark Larmert	
<035×	Contact Telephone Number - Number of person identified in data line <030>	4072601011 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@csilongwood.com	

1/1/2015

<701> Residential Local Service Charge Effective Date

<702> Single State-wide Residential Local Service Charge

	<ab.< th=""><th>&lt;42&gt;</th><th><a3></a3></th><th> dd&gt;</th><th> d&gt;&gt;</th><th><b3></b3></th><th>&lt;64&gt;</th><th><bs><bs></bs></bs></th><th>(0)</th></ab.<>	<42>	<a3></a3>	 dd>	 d>>	<b3></b3>	<64>	<bs><bs></bs></bs>	(0)
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fe
L									
F									
H									-
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H									

(710) Broadband Price Offerings	UNDER STREET	FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013

<010>	Study Area Code	349010
<015>	Study Area Name	Teirite Corporation
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert
<035>	Contact Telephone Number - Number of person identified in data line <030>	6072601011 emt.
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatorywcs(longwood.com

1657	qb	ab	«bi»	Ф2>	(C)	<d1></d1>	<d2></d2>	cd3>	<44>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select
F									
H									
F									
-									
F									

	perating Companies liection Form				FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		349030		
<015>	Study Area Name		Telrice Corpora	tion	
<020>	Program Year		2016	*****	
<030>	Contact Name - Person	USAC should contact regarding this data	Mark Lammert		
<035>	Contact Telephone Nur	nber - Number of person identified in data line <030>	4072601011 ext.		
<039>	Contact Email Address	Email Address of person identified in data line <030>	regulatory@call	angwood, com	
<810>	Reporting Carrier	Telrite Corporation d/b/a Life Wireless			
<811>	Holding Company	Not Applicable			
<812>	Operating Company	Life Wireless Holdings, LLC			
<813>	U.S. AND SHAPE	qb		<a2></a2>	<b>43&gt;</b>
		Affiliates		SAC	Doing Business As Company or Brand Designation

	bal Lands Reporting lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	149030
<015>	Study Area Name	Telrite Corporation
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammerc
<035>	Contact Telephone Number - Number of person identified in data line <030>	4072601011 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@csilongwood.com
<910>	Tribal Land(s) on which ETC Serves	
<920>	Tribal Government Engagement Obligation	Name of Attached Document
		Name of Attached Document
If your	ompany serves Tribal lands, please select (Yes, No, NA) for each these boxes	Name of Attached Document
If your o	ompany serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, trates coordination with the Tribal government pursuant to	Select
If your of to confi	company serves Tribal lands, please select (Yes,No, NA) for each these boxes from the status described on the attached document(s), on line 920, trates coordination with the Tribal government pursuant to	Select /es or No or
If your of to confi	company serves Tribal lands, please select (Yes,No, NA) for each these boxes from the status described on the attached document(s), on line 920, trates coordination with the Tribal government pursuant to	Select
If your to confi demon: § 54.31	company serves Tribal lands, please select (Yes,No, NA) for each these boxes from the status described on the attached document(s), on line 920, trates coordination with the Tribal government pursuant to 8(a)(9) includes:  Needs assessment and deployment planning with a focus on Tribal	Select /es or No or
If your of to confidemon: § 54.31	company serves Tribal lands, please select {Yes,No, NA} for each these boxes rm the status described on the attached document(s), on line 920, trates coordination with the Tribal government pursuant to 8(a)(9) includes:  Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	Select /es or No or
If your of to confidemon: § 54.31 <921>	company serves Tribal lands, please select {Yes,No, NA} for each these boxes from the status described on the attached document(s), on line 920, trates coordination with the Tribal government pursuant to \$(a)(9) includes:  Needs assessment and deployment planning with a focus on Tribal community anchor institutions.  Feasibility and sustainability planning;	Select /es or No or
If your of to confidemon: § 54.31 <921> <922> <923>	ompany serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, trates coordination with the Tribal government pursuant to s(a)(9) includes:  Needs assessment and deployment planning with a focus on Tribal community anchor institutions.  Feasibility and sustainability planning;  Marketing services in a culturally sensitive manner;  Compliance with Rights of way processes	Select /es or No or
If your to confidemon: § 54.31 <921> <922> <923> <924>	ompany serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, trates coordination with the Tribal government pursuant to (a)(9) includes:  Needs assessment and deployment planning with a focus on Tribal community anchor institutions.  Fessibility and sustainability planning;  Marketing services in a culturally sensitive manner;  Compliance with Rights of way processes  Compliance with Land Use permitting requirements	Select /es or No or
If your to confidemon: § 54.31 <921> <922> <923> <924> <925>	ompany serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, trates coordination with the Tribal government pursuant to (a)(9) includes:  Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements Compliance with Facilities Siting rules	Select /es or No or
If your to confidemon: § 54.31 <921> <922> <923> <924> <925> <926>	ompany serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, trates coordination with the Tribal government pursuant to (a)(9) includes:  Needs assessment and deployment planning with a focus on Tribal community anchor institutions.  Fessibility and sustainability planning;  Marketing services in a culturally sensitive manner;  Compliance with Rights of way processes  Compliance with Land Use permitting requirements	Select /es or No or

(1100) No Terrestrial Backhaul Reporting Data Collection Form			FCC Form 481 OM8 Control No. 3060-0986/OM8 Control No. 3060-0819 July 2013
<010>	Study Area Code	349020	
<015>	Study Area Name	Telrite Corporation	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lanmert	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4072601011 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatorywcsilongwood.com	
	pursuant to § 54.313(g) (Yes, No).		
	Please select the appropriate response (Yes, No, Not Applicable) to confirm the		
~113U>	reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps	

Lifeline	erms and Condition for Lifeline Customers			FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
		-		
<010>	Study Area Code		349030	
<015>	Study Area Name		Telrite Corporation	
<020>	Program Year		2016	
<030>	Contact Name - Person USAC should contact regarding this data		Mark Lammert	
<035>	Contact Telephone Number - Number of person identified in data li	ne <030>	4072601011 ext.	
<039>	Contact Email Address - Email Address of person identified in data	ine <030>	regulatory@csilongwood.com	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans			Name of Attached Document
<1220>	Link to Public Website	HTTP w	ww.lifewireless.com	
or the we	heck these boxes below to confirm that the attached document(s), on line is obsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:			
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	1		
<1222>	Details on the number of minutes provided as part of the plan,			
<1223>	Additional charges for toll calls, and rates for each such plan.			

	ce Cap Carrier Additional Documentation ection Form		FCC Form 481 OMB Centrol No. 3060-0985/OMB Centrol No. 3060-0819
ncluding	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		Auly 2013
<010>	Study Area Code		
	Study Area Name	344030	
<020>	Program Year	Veirite Corporation	
<030>	Contact Name - Person USAC should contact regarding this data	2016	
<035>	Contact Telephone Number - Number of person identified in data line <030>	MATE LANSAYE	
<039>	Contact Email Address - Email Address of person identified in data line <030>	4072401011 #XC	
		tegulatory#csilongwood.com	
Select the	appropriate responses below (Yes, No, Not Applicable) to note compliance as	a recipient of Incremental Connect America Phase I support	frozan High Cost support. High Cost support to offset screen charge reduction
	America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The inform		
	Incremental Connect America Phase I reporting		
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1)i)		
<2011a>	3rd Year Certification (47 CFR § 54.313(b)(1)ii)		
<2011b>	A 100 - 10 - 10 - 10 - 10 - 10 - 10 - 10		
<201103	Attachment (47 CFR § 54.313(b)(1)ii)		
		Name of Attached Document(s) Lists	ing Required Information.
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	2013 Frozen Support Calculation (47 CFR § 54.313(c)(1))		
<2013>	2014 Frozen Support Calculation (47 CFR § 54.313(c)(2))		
<2014>	2015 Frozen Support Calculation (47 CFR § 54.313(c)(3))		
<2015>	2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))		
	Advantage of the second of the		
<2016>	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))		
<20165	Certification Support Used to Build Broadband		
2012	Connect America Phase II Reporting (47 CFR § 54.313(e))		
<2017>	3rd year Broadband Service Certification		
<2019>	and feet an outstain an tice certained and		
		C-2-2-2-1-0-1-1-0-1-1-0-1-1-1-1-1-1-1-1-1	
<2020>	Please check the box to confirm that the attached document(s), on lir pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support s	e 2021, contains the required information	
	addresses of community anchor institutions to which began providing		
	preceding calendar year.	weeza to broadband sarrice in the	
	A CONTRACTOR OF THE CONTRACTOR		
<2021>	Interim Progress Community Anchor Institutions		
			nt(s) Unting Required Information

100000	ate Of Return Cerrier Additional Documentation		FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	349030	
<015>	Study Area Name	Telrite Corporation	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4072601011 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@csilongwood.com	
CHECK	the boxes below to note compliance on its five year service quality plan (pursuan CFR § 54.313(f)(2). I further certify that th	nt to 47 CFR § \$4.202(a)] and, for privately held carriers, ensuring the information reported on this form and in the documents attach	
(3010)	Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(7)(1)(1))	Name of Attached Document Listing Required Informa-	don
		00000000000000000000000000000000000000	BANK .
(3011)	Please check this box to confirm that the attached document(s), on line 3 § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addreproviding access to broadband service in the preceding calendar year.	3012 contains the required information pursuant to esses of community anchor institutions to which began	
(3012)	Community Anchor Institutions (47 CFR § 54.313(N1)(0))		
		Name of Attached Document Listing Required Information	
	is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report	(Yes/No)	38
Please	check these boxes to confirm that the attached document(s), on line 301:	7, contains the required information pursuant to 6 54.313(f)(2	compliance requires:
	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	(# 100 m)	
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	sh Flows	
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation		
		Name of Attached Document Listing Required Information	$\sim$
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)	
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a fi	ormat comparable to RUS Operating Report for Telecommunication	· 🗀
(3020)			
(3021)	Management letter and audit opinion issued by the independent certified po	ublic accountant that performed the company's tinancial audit	<u> </u>
	if the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § \$4.313(f)(2), contains:		
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers.		
100000	Underlying information subjected to a review by an independent certified		
(3023)	underlying information subjected to a review by an independent certified public accountant		
(3024)	Underlying information subjected to an officer certification.		
	Document(s) for Balance Sheet, Income Statement and Statement of Ca	ash Flows	
(3026)	Attach the worksheet listing required information		
	L	Name of Attached Document Listing Required Information	

Study Area Code		July 2013
Study Area Name Program Year Confact Name - Person USAC should confact regarding this data Confact Telephone Number - Number of person identified in data line <0.	Telrite Corporation 2016 Mark Lammert 30> 4072601011 ext.	
Program Year     Contact Name - Person USAC should contact regarding this data     Contact Telephone Number - Number of person identified in data line <0.	2016 Mark Lammert 30> 4072601011 ext.	
>> Contact Name - Person USAC should contact regarding this data >> Contact Telephone Number - Number of person identified in data line <0:	Mark Lammert 30> 4072601011 ext.	
> Contact Telephone Number - Number of person identified in data line <0.	30> 4072601011 ext.	
Contact Email Address - Email Address of person identified in data line <0.	30> regulatory@csilongwood.com	
inancial Data Summary		
(3027) Revenue		
(3028) Operating Expenses		
(3029) Net Income		
(3030) Telephone Plant In Service(TPIS)		
(3031) Total Assets		
(3032) Total Debt		
(3033) Total Equity		
(3034) Dividends		

Name of Attached Document Listing Required Information

tion - Reporting Carrier lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
Study Area Code	349030	
Study Area Name	Telrite Corporation	
Program Year	2016	
Contact Name - Person USAC should contact regarding this data	Mark Lammert	
Contact Telephone Number - Number of person identified in data line <030>	4072601011 ext.	
	Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data	Study Area Code 349030  Study Area Name Telrite Corporation Program Year 2016  Contact Name - Person USAC should contact regarding this data Mark Lammert

## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

<039> Contact Email Address - Email Address of person identified in data line <030> regulatory@csilongwood.com

## Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: Telrite Corporation Signature of Authorized Officer: CERTIFIED ONLINE Printed name of Authorized Officer: Kelly Jewel Title or position of Authorized Officer: CFO Telephone number of Authorized Officer: 6782021294 ext. Study Area Code of Reporting Carrier: 349030 Filing Due Date for this form: 07/01/2015 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier Data Collection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<010>	Study Area Code	349030		
<015>	Study Area Name	Telrite Corporation		
<020>	Program Year	2016		
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert		
<035>	Contact Telephone Number - Number of person identified in data line <030>	4072601011 ext.		

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

<039> Contact Email Address - Email Address of person identified in data line <030> regulatory@csilongwood.com

i certify that (Name of Agent) is authorized to submit the information reported on behalf of the			
also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.			
Name of Authorized Agent:			
Name of Reporting Carrier:			
Signature of Authorized Officer:	Date:		
Printed name of Authorized Officer:			
Title or position of Authorized Officer:			
Telephone number of Authorized Officer:			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:		

## TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	Authorized to File Annual Reports for CAF or LI Recipie	ents on Behalf of Reporting Carrier
	norized to submit the annual reports for universal service support reporting carrier; and, to the best of my knowledge, the informa	
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Ag	gent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Attachments



FCC Form 481

Section 500 - Service Quality Standards & Consumer Protection Rules Compliance

Under FCC Rules, Section 54.202, an ETC must comply that it will satisfy applicable consumer protection and service quality standards. Telrite Corporation d/b/a Life Wireless (Telrite) is in compliance with the Cellular Telecommunications and Internet Association's Consumer Code for Wireless Service.

- Telrite discloses rates and terms of service to customers at the time service is initiated.
  These same terms and conditions are posted on Telrite's website at
  www.lifewireless.com.
- Telrite provides service availability information on their website at www.lifewireless.com.
- Telrite provides contract terms to subscribers when they initiate or change service. These
  same terms are provided to subscribers during the annual recertification process as
  outlined in Commission rules that govern continued subscriber eligibility.
- 4. Telrite's Lifeline service can be terminated at any time by either party without an early termination fee. Service is dependent on continued eligibility in the program.
- Telrite provides disclosures, minutes included in Lifeline plans, expiration of rollover minutes, availability of service, and cost for additional minutes in all published Lifeline advertising materials.
- 6. Telrite customers are provided options if they exceed the number of minutes provided in their Lifeline plan. If at any time a customer purchases additional minutes, charges and plan options are available on the company website at www.lifewireless.com.
- 7. Telrite's toll-free customer service number is 888-543-3620. Customers can also contact Telrite via email at info@lifewireless.com. This information is provided in the terms of service and on the company website and in all information provided to subscribers.
- 8. Telrite responds to all consumer inquiries and complaints received from government agencies within 30 days.
- Telrite has procedures in place to maintain the privacy of subscriber proprietary information in accordance with applicable federal and state laws.
- 10. At service initiation, Telrite requests that subscribers "Opt In" to receive free notifications regarding activation status, balance alerts, etc. Customers can also decline to receive these messages and notices by "Opting Out". If a subscriber chooses to decline free notifications they will receive only those Lifeline notifications required by the FCC such as the 30-day non-usage notice, the recertification notices, etc. The customer cannot opt out of the required FCC notifications.



FCC Form 481 Section 600 - Functionality in Emergency Situations

Under FCC Rules, an ETC must demonstrate its ability to remain functional in emergency situations. Since Telrite Corporation d/b/a Life Wireless (Telrite) is providing service to its customers through the use of facilities obtained from other carriers, it is able to provide to its customers the same ability to remain functional in emergency situations as currently provided by the carriers to their own customers, including access to a reasonable amount of back-up power to ensure functionality without an external power source, re-routing traffic around damaged facilities, and the capability of managing traffic spikes resulting from emergency situations.

Telrite, along with their underlying carriers, have created back-up systems to ensure functionality in the event of a loss of power or network functionality. Telrite maintains its own diesel-powered backup generator at their switching facility in Georgia. All systems within the facility are implemented on redundant servers, each with redundant data network and power.

Telrite Corporation d|b|a Life Wireless does not have facilities in any state other than Georgia. It relies on the facilities of the underlying carrier in each state it provides service to demonstrate its own ability to function in emergency situations.

When a number is identified by a 911 dispatch center as belonging to an underlying carrier, the officer would call the underlying carrier who can assist with tracing the distressed caller or other network information. In the event further customer proprietary network information (CPNI) is needed to reach the distressed 911 caller, the underlying carrier would then direct the officer to contact the reseller, Life Wireless. All underlying carriers that Telrite utilizies have the contact number on file for Telrite d|b|a Life Wireless' customer service department.

When customer service receives a call from a 911 dispatch center, the call will be forwarded to a supervisor. The supervisor will require proof of identity generally by fax or email. After the officer and request is verified as an emergency situation, the information is released immediately. If the "officer" cannot be identified, a subpoena or court order is required.